

CLAIMS ONLY							Application Number 10/509,122	Filing Date		
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51			
2		/					52			
3		/					53			
4	/						54			
5	/						55			
6	/						56			
7	/						57			
8		/					58			
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11		/					61			
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41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	5		4				Total Indep			
Total Depend	2	←	0	←	←	←	Total Depend	←	←	←
Total Claims	7		4				Total Claims			